WEST PRINCE HEALTH 7TH ANNUAL INFORMATION MEETING

7 P.M.

TUESDAY, NOVEMBER 27, 2001

WESTISLE COMPOSITE HIGH SCHOOL

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WEST PRINCE HEALTH BOARD OF DIRECTORS

Robbie Thibodeau, Chair
Zone 4

Karen Gaudet
Zone 4

Richard Wightman
Zone 3

Wanita Gaudet
Appointed

Ernest Hudson, Vice-Chair
Zone 1

Harry MacAusland
Appointed

Donald Stewart
Zone 2

WEST PRINCE HEALTH SENIOR MANAGEMENT

Kenneth W. Ezeard
Chief Executive Officer

John Buchanan
Director of Client Services

John Martin
Community Development Coordinator

Marlene Bolger
Continuous Quality and Evaluation Coordinator

Albert Bernard
Director of Corporate Services

Arlene Gallant-Bernard
Director of Patient/Community Services

Erna Glydon
Director of Nursing, Maplewood Manor

Debbie Barlow
Director of Operations

Karen Murray
Executive Assistant

WEST PRINCE HEALTH AUTHORITY
MISSION, VISION AND ENDS STATEMENTS

MISSION STATEMENT

West Prince Health exists so that people in West Prince will work together towards healthy living.

VALUES STATEMENT

We are committed to govern with accountability, foresight and stewardship on behalf of our community of West Prince. As corporate citizens, we believe in partnership, and we value diversity and group process.

We empower our staff to deliver services that are outcomes-based, with practices that show respect for others, confidentiality, dignity, privacy and personal safety.

We treat our staff with respect and fairness and we value competence and continuous development, communication and openness.

We believe in the delivery of services in a manner that shows prudence, ethics, and the avoidance of risk.

ENDS STATEMENTS

People will have a positive attitude and a spirit of cooperation.

People will be self-reliant.

People will be life-long learners.

People will have social support networks.

CHAIRMAN'S REPORT
WEST PRINCE HEALTH REGION
2000-2001

On behalf of the Board of Directors I am pleased to provide my second annual report as Chairman, for the year ended March 31, 2001 as well as a brief update of key board activities to the date of this annual meeting. At last year's annual meeting Donald Stewart was elected to represent the O'Leary area, and we were pleased to receive notice in December, 2000 of the reappointment of Juanita Gaudet representing the St. Louis area of the region. Both members have integrated quickly with the Board and we are working very well on our Governance responsibility. To assist with orientation and as a refresher for present board members, we toured all sites in the Region in the last year and met with several members of staff during those visits.

The top most priority of the Board of Directors has been to continue the advocacy for action on the extension of 10 long term care beds to Community Hospital following the Premier's announcement in September, 2000. Several discussions were held over the design of the extension which resulted in the approval by the Board of a design favored by staff in December, 2000. The challenge with this decision was that the cost estimates for this design exceeded the capital budget allocation initially established by the provincial government. After several discussions with government officials the Board agreed in June, 2001 to a delay in the construction of the extension until April, 2002 in return for acceptance of the preferred design. For the balance of this fiscal year, steps such as tender preparation and completion of architectural drawings would be undertaken to ensure a rapid start of construction in Spring, 2002 when the land was suitable for work.

With the completion of the Regional Strategic Plan in November, 2000, the Board commenced a regular review of the achievement of the objectives of the Plan in order to meet the desired Ends of the organization. Key areas of success to date are improvement in transportation for the disabled and expansion of Addiction and Mental Health Services in the Region. Much of the activities were reported to the Board through regular reports from Continuous Quality Improvement Committee which meet regularly to recommend actions and monitor results to improve the quality of services and programs provided by West Prince Health. The activities of these staff and partnership driven CQI Committees also formed the basis of the preparation of the Region's accreditation preparation which took place from September, 2000 through May, 2001. The actual accreditation survey in which the results of the preparation were reviewed by an independent survey team took place in June, and the initial debriefing strongly indicated a very satisfactory report although the final written document has not yet been received. The Board of Directors actively participated in this process through several meetings to complete the Leadership and Partnership Section of the survey documentation, during which time several areas of improvement were identified including the establishment of a communication strategy, the development of a Board orientation program, and continued development of Information Technology.

As part of its Governance responsibility the Board of Directors regularly meets and establishes linkages with community groups and individuals in the Region to receive input for future program development or changes and improvements to existing programs. During the past fiscal year the Board of Directors has met with the ambulance operators in the Region on two occasions, the four MLAs for the Region, representatives of the Town Councils, and the board members and staff of the Western School Board. The West Prince Health Board of Directors also met with the other Regional Health Boards in the Province at an orientation and planning meeting in Charlottetown in February, 2001. Your Board of Directors also continues to explore better ways for physician activity and integration in the Region and meets jointly with the West Prince Physicians on a semi-annual basis. Active pursuit of the recruitment of a 9th physician for the Region is underway to ensure continuous medical coverage at both hospitals.

In last year's report I was pleased to comment on the success of our telehospice project whose one year pilot project duration was completed in May, 2001. The results of this project were then evaluated and demonstrated a strong business case for its continuation. West Prince Health has continued to utilize the 12 telehealth units in the Region and has expanded its service beyond Palliative Care to Home Care and Mental Health. A Provincial Committee is currently studying the expansion of this program on a province wide basis based on our evalution.

In summary 2000-2001 was a very busy and challenging year for your Board of Directors and I was very pleased to represent the Board as its Chairman. I extend my sincere appreciation to my fellow board members for their continuing support and advice, and I also extend my thanks and appreciation to every employee, physician and volunteer of West Prince Health for their diligent effort on behalf of the organization. West Prince Health is blessed with a strong Board and Management Team who are well skilled and positioned to face the many challenges which lie ahead. Unfortunately our Chief Executive Officer will be retiring at the end of June, 2002 and we will certainly miss his extensive experience and commitment to the Region. A search committee to replace Mr. Ezeard has been established, and your Board hopes to have a new Chief Executive Officer in place by the Spring, 2002.

Robbie Thibodeau, Chairman
Board of Directors
West Prince Health

WEST PRINCE HEALTH REGION
ANNUAL REPORT OF THE
CHIEF EXECUTIVE OFFICER
FISCAL YEAR APRIL 1, 2000 TO MARCH 31, 2001
(including updated information to November, 2001)

As reported by the Chairman and publically in the media, I will be retiring as Chief Executive Officer of West Prince Health on June 30, 2002 and this will be my 6th and final annual report. The last six years have been very enjoyable and meaningful for me in providing managerial leadership to this organization and in accomplishing what I believe to be significant improvements in the provision of health and social services programs to the residents of West Prince. As per tradition the highlights of this report will continue to reflect the accomplishments, the disappointments and the continuing challenges which the West Prince Health Region has achieved or will face in the future.

From an operational standpoint the biggest single accomplishment during the past fiscal year was a recognition by the Provincial Government of the chronic underfunding of the existing programs and services of West Prince Health. This situation in past years had seriously curtailed any flexibility in the evaluation and improvement of programs when survival was the key emphasis. For 2001-2002 the operating budget for West Prince Health has been increased from $16 to $18 million dollars in round figures and this improvement has given us a significant opportunity to achieve a balanced budget without the requirement of a special warrant at year-end. Many of the financial adjustments reflected in the current budget allocation were made in the fiscal year ending March 31, 2001 and carried forward to the current budget. These included funding to establish an Asthma Project in cooperation with East Prince Health, the roll out of the Pharmacy support services regionally for Welfare Assistance clients, the development of a Children's Mental Health Strategy and last but not least the implementation of a comprehensive Ambulatory Detoxification Program at Western Hospital commencing in September, 2000. The latter program has now been in place for approximately one year and is proving to be of tremendous value in this Region in addressing alcohol, drug, and tobacco addiction. Supported by three addiction counselors it is anticipated that a gambling addiction component will be added to the program during the next several months. During this current year with the announcement of the Provincial Government of the creation of a Healthy Childhood Development Strategy, West Prince Health which had previously initiated some work on this subject was then able to expand the initiative to hold several workshop forums involving staff and community partners on the important subject of "West Prince Children - A Plan for Action". Results of these workshops will now be incorporated into a comprehensive and regional program consistent with the provincial strategic direction.

Operationally, West Prince Health struggled valiantly during the fiscal year to maintain staffing levels given the Canadian-wide shortage in available nurses. Despite the announcement of recruitment strategies and incentives, vacancies in nursing positions at all three facilities occurred for extended periods of time and in many cases staff had to work extensive overtime to maintain the service levels. However I am pleased to report at this time that the two acute facilities are almost up to complement with the major remaining challenge being adequate Registered Nurse levels at Maplewood Manor. The Region also experienced shortages in a number of Social Work positions and in providing temporary replacements for Speech Language Pathology and Occupational

Therapy. For the latter two positions, for emergency cases, limited private contractual services were obtained. On the physician side we were fortunate to obtain the services of Dr. Tasriquil Alam in October to replace Dr. Hany William who resigned to accept a position in Ontario. The Region is still actively recruiting an approved 9th physician to assist in providing medical services throughout the Region.

On the capital side of operations, the completion of the outdoor recreation project at Maplewood Manor was a major success and the facility is being used extensively by residents and their families. The improvements to the security systems at Western Hospital were also implemented with increased door security and video camera surveillance. Extensive work was undertaken to submit a detailed listing of required capital projects for the Region to the Department of Transportation and Public Works, but to date only a limited approval of a few projects has been forthcoming. West Prince Health also participated in the Evergreen Project through the Provincial Government which sets up a program for the replacement and upgrading of computers on a regular basis rather than the previous adhoc approach. Information Technology and the upgrading of Infrastructure in this area is becoming critical in today's world and West Prince Health was very pleased to recruit its first full time Information Technology Coordinator, Paul Gallant, during the past fiscal year. Paul's expertise and advice is proving invaluable as we participate in projects to upgrade our hardware and software to meet today's clinical reporting and accountability requirements. Recent improvements to our financial and human resource computer software are facilitating more rapid and better decision making in these areas when adjustments are required.

As part of my mandate as Chief Executive Officer I have tried to strengthen over the past several years the capacity for staff development and continuous learning among the employees of the Region. We have been successful in increasing our overall staff development dollars for employees to attend conferences and workshops, as well as initiating many in house programs to upgrade the knowledge and skills of our employees. Examples of these programs held during the year include comprehensive palliative care training, a workshop attended by most support workers in the Region in areas such as Laundry, Housekeeping, Dietary and Maintenance entitled "Rekindling the Flame" and a team building workshop for Supervisors and Management entitled "Where Eagles Fly". At the same time opportunities were created for individual staff members to increase their career planning opportunities and a key example of this was the selection of Wendy McCourt to participate in the Provincial "Pathways to Leadership" Program. West Prince Health also provided significant opportunities for students to become more knowledgeable about the health care system in preparation for their future careers such as the Healthy Futures Program which employed 14 students in West Prince and additional on-the-job student training in areas such as Occupational Therapy, Home Care and Office Studies. During the fiscal year West Prince Health also undertook in cooperation with our unions and employees a comprehensive Staff Survey which identified many positive aspects of the working environment at West Prince Health as well as many areas of improvement to be considered. Plans are currently underway to use the information gained from this staff survey to develop employee wellness and education programs to support our staff, the most important resource of the Region.

The largest single project undertaken by the Region during the past fiscal year was the preparation for the Accreditation Survey in June, 2001 in which ten comprehensive Continuous Quality

Improvement Teams continued to meet and respond to the survey requirements. West Prince was certainly fortunate in that the CQI teams continued to meet after the last Accreditation in 1998 in response to the areas of improvement identified at that time and were well positioned to prepare for the 2001 survey. The initial results of that survey as identified during the debriefing were very positive and we are looking forward to the receipt of the final report. A second initiative which took considerable time during the year was the participation by managerial and supervisory staff in providing input to the development of a Provincial Strategic Plan through meetings with Department of Health and Social Services officials as well as consultation forums in the Region. A draft final Provincial Strategic Plan is now in place and it is the Region's responsibility to ensure that its Regional Plan is compatible with and complements the Provincial document.

As resources available to West Prince Health for the development of programs and services is limited, we rely extensively on partnering with other organizations to help address the health and social services needs of the residents of West Prince. Our support to the Welcome Program, Transportation West, West Prince Recovery Inc., the Clubhouse Program of the Canadian Mental Health Association, Kids West, and the extensive programs of Community Inclusions are key examples of effective partnering. Staff continue to meet with these organizations on a regular basis to offer assistance and advice on future program development and funding. West Prince Health has also been able to participate in certain programs to address the needs of our youth and seniors including Youth Opportunities and the recent announced project entitled Aging Well in Rural Places. This project is in cooperation with Rural Community Learning Inc.. At the same time staff also give back to organizations which help us on a regular basis and not the least of these is the Heart and Stroke Foundation of Prince Edward Island. It was very gratifying to me and those who participated to raise over $3,000 in the recent big bike ride in Alberton to help the programs and services of that organization and it was the single largest contribution in the Province for this activity. Our annual report reflects this endeavor on the front cover.

In conclusion West Prince Health continues to evolve as a Region while maintaining the definitive programs and services at each of its facilities in the Region. I am very proud of the progress which has been made by the employees and supporters of West Prince Health and I would like to take this opportunity to thank all of the staff, physicians, volunteers and partners of this organization. The assistance of the Foundations and Auxiliaries in meeting financial and equipment needs of the Region is exemplary as their support extends beyond the two hospitals. At the time of writing this report I have still over 7 months service remaining as Chief Executive Officer of West Prince Health and during that time I look forward to continuing to work as part of a team in improvement the health status of the residents of West Prince and in facing the challenges which lie ahead. To my successor I extend the knowledge that you have a tremendous team to work with and a strong foundation on which to build. For my tenure it has been truly a very satisfying experience in working with the Board of Directors, the employees, physicians, and supporters of the Region and I look forward to my remaining months with enjoyment and anticipation.

Respectfully Submitted

Kenneth W. Ezeard
Chief Executive Officer

Community Development

Fulfilling the West Prince Health mandate of "people working together in West Prince towards healthy living" can only be achieved with the participation and support of all. Having the support and cooperation of our many "community partners" is essential to achieving good health. There are many community based organizations which provide a wide variety of health related services throughout our communities. Some of these organizations receive funding from West Prince Health, while others may be entirely volunteer based receiving much community support. The following organizations are amongst our key community partners:

- **Transportation West** - offering wheelchair accessible services of Transportation West Inc. to residents of West Prince. This service goes a long way to make our communities truly accessible to all!

- **West Prince Hospice** - The work of the Hospice volunteers have been an invaluable support to dying persons, their families, and the programs of West Prince Health. The Board and staff of West Prince Health congratulate Pat Arsenault of O'Leary in her appointment as Hospice Coordinator for West Prince.

- **Welcome Program** - The Welcome program creates wonderful opportunities for seniors and adults with disabilities to come together for a time of socialization and recreation. This program (located at Maplewood Manor) has existed for several years and has been not only a great service for those who participate but also a chance for the caregivers of the participants to have a welcomed break twice a week.

- **Canadian Mental Health Association's Clubhouse** - People who experience a mental illness and who wish to participate more in a supportive environment can find this at the West Prince Clubhouse. Located in the St. Martha's Healthy Living Centre in Alberton, the program is a service of the Canadian Mental Health Association.

- **Family Violence Prevention Cooperative** - The committee which has been supporting the Family Violence Prevention program here in West Prince over the past number of years has incorporated. The group is now called the "West Prince Family Violence Prevention Cooperative". The incorporation as a Cooperative is expected to deepen the commitment of the Board to "prevention" of family violence while at the same time providing the crisis and support service to women and children.

- **Community Inclusions** - this organization delivers the services provided through Maple House in O'Leary, the Normalization Workshop in Tignish, and the Residential Service. Kevin Porter has recently been hired as the new Executive Director.

- **Parkinsons Support Group** - a Parkinsons Support Group has been meeting over the last

several months in West Prince. This is a disease with relatively little available in West Prince in the past to support those affected.

- **Kids West** - information for parents of children under the age of six has never been so readily available thanks to Kids West. Information about parenting, children with special needs, day cares, play groups, support groups etc. can be found by calling Kids West at 853-4066.

- **The Caring Cupboard** - our communities have been blessed with the work of the volunteers of the Caring Cupboard. This is a confidential service which provides food and support to those who find themselves in need.

- **Rural Community Learning Inc.** - this Board of Directors delivers the Youth Opportunities Program as well as the Opportunity Centres in West Prince. The mandate is "to help foster West Prince as a community which values learning", other initiatives are also sponsored as well. Health, employment, and training information are readily available in each of the Opportunity Centres located in Tignish, Palmer Road, Westisle, Alberton, O'Leary and Tyne Valley. The Youth Opportunities program is tasked with creating employment connections for youth as well as leadership and learning opportunities.

- **West Prince Recovery Inc.** - men with addictions issues can now receive residential support after treatment. This organization is based out of the West Prince Recovery Centre in Mount Royal and has been supported by a dedicated group of volunteers.

CHILD AND FAMILY SERVICES

The services provided that consume the greater of human and financial resources are Income Support and Child Welfare. With the former the initial assessment processes have been designed to focus on the applicant's capacity for training and employment. To achieve this objective staff were provided with additional training and remains relatively stable, some increase in numbers and cost per case have been noted due to policy changes.

Child Welfare

The Child Welfare Programs including Child Protection, Foster Care, Adoption and Family Resource have had the greatest demand for service due to more appropriate referrals. The demand on the human resource sector is significant requiring a high degree of knowledge, skills and training. This year with the passing of the new Child Protection legislation, additional or more advanced approaches will be introduced such as Family Conferencing and improved Risk Assessment tools. To assist with future implementation an additional Social Work position has been assigned. Recruitment and retention of professional Social Workers has become a major priority for the Region and Province.

Day Care

Over the past couple of years new Day Care Centers have been opened in the West Prince Region providing service to infants and for longer hours of operation. The result has been improved access for parents who work in our local industries - fishing, agriculture and tourism. It is expected that this growth will potentially triple our expenditure for this Program through subsidies for those parents deemed eligible.

Addictions and Mental Health

With the implementation of the Ambulatory Detox Program here, a strong continuum of services can now be provided locally to those persons' who misuse drugs and/or alcohol. Ambulatory Detox compliments the services provided by our Community Addiction Counselor, Youth Counselor and Family Counselor. The number of residents seeking help and support has been very strong. Furthermore, with the Smoking Cessation Program many smokers have identified a need to quit and have approached our Program for assistance.

Although transportation can be an issue for some residents accessing the Provincial Addiction Facility at Mt. Herbert, strong efforts have been put forward to resolve any of these barriers. For exceptional cases taxi service will be provided but only where appropriate.

Mental Health continues to have a need for additional human resources. East Prince Health provides approximately four days per week of service which is greatly appreciated. Our Outpatient Mental Health, single person service, must constantly define priorities in order to meet the great demand for Psychiatric support. Additionally this year a Children's Mental Health Clinician position has been assigned to West Prince Health. This hopefully will be filled in the near future.

CORPORATE SERVICES

Role:	Corporate Service Division is responsible for a number of areas within the region. While some areas offer service to the general public, other services are support function for staff and senior management. Working in conjunction with the staff identified below, the following functions give a brief overview of how the Corporate Services Division contributes to the Mission of West Prince Health.

- Provides leadership in areas of budget preparation, monitoring and forecasting, revenue management and accounting, along with payables and receivables.
- Human resource functions including payroll, benefit administration along with provincial involvement with recruitment and retention of staff.
- Occupational Health and Safety Coordination within the region.
- Assists in addressing risk management issues as identified from time to time in a reactive or in a proactive manner.
- Provides technical support and leadership functions related to information technology for the region in the past year via purchased service and currently through a permanent staff.
- Working with Unions through the labor management consultation process to address issues in a timely manner in an effort to foster positive working relationships.
- Provides leadership in assisting West Prince Health to be in a position to respond to an external disaster that would require the resources of the region.
- Provides leadership and support for senior housing in the region including administrative and maintenance of the same as part of fulfilling of provincial Housing Corporation Act.
- Strives towards helping the region reach full compliance with the French Language Services Act.
- On-going improvement as an organization through actions identified and addressed through the Human Resource Continuous Quality Improvement Committee
- Staff's continuous involvement provincially through committee structures in an attempt to improve services in many of those areas identified above.

Corporate Services - Project Highlights

- On-going labor management consultation committees within the region working with PEINU, CUPE, IUOE and UPSE.
- Involved in external mock disaster held in conjunction with other regional and provincial services.
- Involvement as part of a provincial strategy to identify human resource planning across the provincial health system.
- Continuous involvement in helping the financial system upgrade.
- Audited financial statements as a means of accountability to both the public and the health system.
- Health Care Futures, a student employment program, is a means of helping to meet future human resource health needs.

Human Resources - Part of Corporate Services

Albert Bernard	Director of Corporate Services
Sheila Gallant	Payroll/Human Resource Officer
Sylvia Ellis	Financial Officer
Ron Flynn	Housing Officer
Paul Gallant	Computer/Systems Officer/Coordinator

OPERATIONS ANNUAL REPORT

This report includes an update on the services and activities provided by the Division of Operations.

Meals on Wheels / Welcome Program:
This past year 3, 323 meals were prepared for meals on wheels clients. Meals On Wheels is provided out of the dietary departments at Maplewood Manor and Community Hospital.

This past year 898 meals were served to participants of the Welcome Program. The meals were supplied by the dietary department at Maplewood

Catering Services:
The dietary departments in each facility provide a meal service for various volunteer meetings, i.e., board, auxiliary, pastoral care, for special events and long term care activities, i.e., annual meetings, accreditation, volunteers, birthdays etc.

WHMIS Training
According to the Occupational Health & Safety Act, the Employer is required to review WHMIS regulations with staff on an annual basis and more frequently, if new chemical products are introduced. In April of this past year WHMIS training was offered to all employees of West Prince Health and invitations were extended to Community Inclusions staff.

Recycling Activities:
The region continues to support the recycling process through staff education and recycling processes. This past year staff had an opportunity to attend education classes on the various components of the recycling program and the region implemented recycling activities in each site. We're now recycling shredder paper, boxes, cans, bottles, plastic, paper and printer cartridges. The region contracts with Gallant's Services for pick up and delivery.

Lifeline:
This program is managed and supported by volunteers from O'Leary, Alberton and surrounding districts, the Ladies' Auxiliary of Community Hospital and Western Hospital and by staff. Collectively, this group takes responsibility for funding purchases for new and replacement equipment, referrals, fee collection, installation, maintenance and testing. The number of clients presently using the service includes 51 for Alberton and surrounding areas, 29 with three on a waiting list for O'Leary and surrounding areas.

Western Hospital Auxiliary purchased seven new lifeline units in 2001. Community Hospital Auxiliary purchased 10 new units, some of which were used to replace older units in poor repair.

This region is the only region that does not charge installation fees. The group collects

rental fees to help off set the cost of new units, maintenance and repairs.

Equipment Loan:

The equipment loan service is available to clients in the community. Equipment is available for loan from Western Hospital. Support staff are responsible for inventory management, loan arrangements, fee collection and maintenance to equipment. The more popular items requested include: beds, crutches, walkers and maxi mist machines.

Continuous Quality Improvement

The regional physical environment team continues to meet on a regular basis. The team includes staff , front line and supervisory , and representatives from Infection Control, Occupational Health & Safety and Housing. This past year the team's focus was on completing the self assessment in preparation for the Accreditation survey. Other activities of the team included data collection/ analysis of performance indicators (on going) and the development of a work plan for the next period.

Education/Personal Development

The region continues to support educational opportunities for staff. This past year the Regional Education committee organized a personal development day titled "REKINDLING THE FLAME" for support services staff. 93% of staff (53/57) attended and the feed back was all positive.

Review of goals and personal development plans is ongoing.

Employee/Employer meetings are scheduled on a regular basis.

Staff participated in various other educational opportunities i.e. food shows, back education, fire and safety.

Contracts/Purchasing

Identification and recognition of the real needs for goods and services in all parts of the organization and the assurance of satisfaction of these needs at the lowest possible costs, consistent with the best quality of goods required is an ongoing challenge of the Purchasing Department and these efforts are supported by Senior Management. To ensure lowest possible costs, the region enters into and supports contractual agreements for most goods and services. The example would be snow and garbage removal, equipment, food/supplements service agreements, medical, X-ray, Lab, related supplies, linens, chemicals, copiers, batteries etc. Some contracts are prepared regionally and others by the Health Association and Procurement Services. Staff have an opportunity to have input into contract preparation and awards where it pertains to their work.

Equipment:

Capital equipment and capital projects were identified, prioritized and submitted for approval and funding. The region, foundations, and auxiliaries continue to support emergency and replacement equipment needs in each facility.

QUALITY SERVICE AND EVALUATION

The primary function of Quality Service and Evaluation is to work with front line staff, supervisors and Directors to monitor and evaluate the quality of service delivery and client outcomes and to identify way to continually improve services and results through such means as supporting the regional Continuous Quality Improvement teams with their initiatives including the development and monitoring of Performance Indicators; coordinating the accreditation process; policy review and development and analyzing services utilization.

During the past year:

➜ CQI Teams continued to meet on a regular bases with the goal of identifying, coordinating and evaluating on-going quality management activities to continuously improve service delivery

Some Team highlights include:

- Completion of the self assessment by each team in preparation for the Accreditation Survey visit in June of 2001 and a workplan to focus their activities for the coming year.
- Development or revision of a Performance Indicator Plan by each team and several teams have collected data to monitor the quality of service delivery or outcomes and to identify ways to improve service delivery.
- Focus groups held with specific groups to identify issues and needs
- Completion of a Staff Satisfaction Survey and the development of strategies to support staff and enhance their job satisfaction.
- Completion of a services directory which will be available to West Prince residents
- Several service areas conducted client satisfaction surveys
- Seniors and Family Team distributed "fridge magnets" to seniors and others in the community to support the initiative of ensuring everyone has the knowledge of how to access services when needed as well as a "When to Refer" pamphlet to inform and support families, caregivers and community members.

➜ Policies review, standardization and development has been an on going process with focus this past year on Nursing, Infection Control, Nutrition, and Public Health Policies.

➜ Completion of yearly service utilization reports

➜ Development of an Evaluation framework for the Income Support Program

➜ Participated in the development of the Provincial Indicators and a Results Measurement framework that will be both regional and provincial in scope.

MAPLEWOOD MANOR

MISSION STATEMENT: Maplewood Manor exists to provide Quality Resident Centered Care to seniors with special needs by qualified personnel in an environment which recognizes the need for comfort, respect and dignity.

Maplewood Manor provides the following services as part of West Prince Health.

- **Residents Dental Care Program:**
  A Nursing staff team, with special training, provide dental care to all residents on a quarterly basis. The provincial dentist visits yearly and the provincial dental hygienist visits quarterly as a support to the dental care team. Residents are also referred to local dentists as needed.

- **Residents Nail Care Program:**
  A Nursing Staff Team who have received special training provide nail and foot care to all residents every 6-8 weeks. 3 additional nursing staff (1RN & 2 LNA) received training during the year to work as part of this team.

- **Key Worker Program:**
  The key worker program assists new residents & their families with their admission to the manor. It is a three phase program pre admission, admission and post admission and is conducted by trained manor staff known as "key workers". Key workers co-ordinated 16 permanent admissions during the year and two additional staff were trained as key workers.

- **Resident Care Conference:**
  Multi disciplinary case conferences for Residents are held regularly with staff participation from all departments. Family participation continues to improve with a personal written invitation.

- **Summer Students:**
  4 students worked in the Nursing Department a total of 16 weeks from May 8th - Aug 26/00 as part of the Provincial Health Care Futures Program. Three students worked in the Activity Department for 8 weeks during the summer.

- **Volunteer Program:**
  There continues to be very strong volunteer support from surrounding communities. Volunteers were recognized on April 27, 2000 with over 200 volunteers receiving volunteer pins.

- **West Prince Christian Council:**
  Clergy continue to provide regular church services to our residents on Mondays and Thursdays each week and are on call to meet residents, family and staff needs at any time. A memorial service was held on November 6, 2000 for 16 residents with Rev John Wilson and Father Melvin Doucette conducting the service.

- **Maplewood Manor Ladies Auxiliary:**

Has a membership of 17 members and 3 associate members who meet on the third Tuesday of each month except July and August. The auxiliary members do fund-raising activities and all money raised is used to benefit the manor residents.

→ **Staff Education:**
Continuing education for Manor Staff continues to be a high priority. During the year 249 staff participated in 19 different in house education sessions (many staff participated in different sessions). Topics included Universal Precautions, WHMIS, Harmony in the Workplace, Back Care, Fire Safety, CPR, and others. In addition 41 staff received support from the Site Education Committee to attend 24 education sessions away from the facility. Topics included Foot Care, Understanding Grief, Documentation, Dementia, and others.

→ **Staff Performance Development:**
Performance development plans are on going for all staff. This is a participatory process that links an employee work plan and performances to the overall mission and plan of Maplewood Manor and West Prince Health.

→ **Continuous Quality Improvement Committee:**
The Maplewood Manor Site committee is comprised of front line staff representing all departments within the facility. This committee has coordinated the planning , fund-raising and construction of the Residents Outdoor Recreation Area which was completed in August 2000 at a cost of $ 27,000.00. Official opening was held on Sept 25th, 2000. The site committee meets regularly with staff from Community Hospital as part of the Regional CQI Committee.

→ **Community Support:**
Maplewood Manor offers support to the community as follows: Homemakers continue to use the whirlpool baths for clients in the community, Welcome Program continues to operate two days a week, Community Groups use space for meetings, staff continue to offer support to volunteers wishing to enter the RCW training program by assisting with their required volunteer hours and evaluating their work, Provincial programs use the site for services in the community e.g audiology testing, Provided OJT for RCW students, job exposure for career bridges students.

→ **Physiotherapy/Occupational Therapy Service:**
Brian Hiscock, Physiotherapist and Janice Ellis, Occupational Therapist continue to provide service to residents one half day per week (10% service).

→ **Physician Service:**
Dr. B. Sethi serves as House Physician and visits the facility at least twice each week. Dr. Zacharias, Provincial Geriatrician, visits residents on a referral basis. Other Physicians and consultants visit on site as necessary.

→ **Equipment:**
Two different ceiling lifts were installed for a trial basis for staff to evaluate. Very positive feedback was received on the advantage of using ceiling lifts for staff and residents.

These are key areas for the year ending March 31, 2001.

COMMUNITY HOSPITAL/WESTERN HOSPITAL NURSING
COMMUNITY HEALTH SERVICES

ACUTE and CONTINUING CARE

The Acute and Continuing Care Division of West Prince Health is to provide support to Acute and Continuing Programs. Western Hospital has 23 Acute Care beds, plus an Emergency Department. Community Hospital has 13 Acute Care beds, 15 Long Term Care beds, and an Emergency Department.

The Acute Care Departments remain busy at both hospitals. The float RN positions hired between Western Hospital and Maplewood Manor and between Community Hospital and Home Care Nursing are working well. These positions will be reviewed in October 2001.

Staff Recruitment and Retention continues to be a problem. At present, we have the following vacancies: 45% Permanent RN, 100% permanent RN at CHO. Scheduling continues to be a problem because of the shortage of registered nurses. We continue to work with Rebecca Doiron provincially to recruit both temporary and permanent replacements for West Prince Health. The nursing staff continue to be very accommodating in changing their shifts and working overtime to ensure the needs of the patients/residents are met. I want to thank them for their continued dedication and commitment for the delivery of health care services in West Prince.

Work continues on the integration of regional committees. Work is being done on collaborative practice protocols, where specific procedures and follow-up are shared between doctors and RNs.

We continue to support staff in continuing education by enabling them to attend workshops, where replacements can be arranged.

Updated Women Abuse Protocols have been developed provincially and information will be shared in the fall newsletter.

Work continues on the Accreditation process and review. It has been a very beneficial learning experience for all those involved.

The Ambulatory Detox Program has been a great support to clients requiring that kind of expertise and support and is offered out of Western Hospital. The staff from Ambulatory Detox will provide services to clients at Community Hospital, and other facilities upon request.

There is a Regional Steering Committee for planning the additional Long Term Care beds at Community Hospital. It is hoped that this expansion will be completed in 2002.

As in the past, beds were closed during the summer season to accommodate staff vacations. It continues to be a struggle for the public, physicians and staff with this reduction in beds and we thank everyone for their consideration of this.

Both Western and Community Hospitals offer respite care to two individuals referred through Child and Family Services. A respite bed is also being assigned from the Long Term Care beds at Community Hospital and this has been very busy, offering relief services to care-givers in the community. More community respite is required to meet the increasing demand.

Western Hospital offered half-day workshops in the spring on Trauma, Cardiac Care, Fire and Disaster Plan reviews. These were well attended by all staff in that institution.

The Ladies Auxiliary, at both facilities, continue to be a great support to nursing with their donations to equipment, books, furnishings and other supplies. We thank them immensely for their continued support.

The nurses Leona Perry, RN at Community Hospital, Arlene Perry, RN and Darlene Getson, RN at Western Hospital continue to offer CPR courses to staff and other health care workers in the region. We thank them for their continued dedication and commitment to that valuable service.

The summer students, working at both hospitals, remain an invaluable asset to our staff and patients/residents. They are a tremendous support to our team and we thank them very much for their continued good work at our facilities.

Palliative Care workshops have been offered in the region by our certified staff which include Trudy Gough, RN, Community Hospital and Betty Mallet, RN, Maplewood Manor. This workshop is offered for care-givers and staff, supporting patients who are terminally ill.

The book, "The Life of a Rural Hospital", written by Jeff Wollaver and Wanita MacIntyre has been completed and sales are in progress. Staff members involved in this work included Sylvia Horne, RN, Alma Rix, Admitting and Marion Carver, retired LNA. I want to thank those staff members, as well as Wanita and Jeff for their continued commitment to completing the history of Community Hospital.

I want to take this opportunity to formally thank all staff for their continued commitment and dedication to providing quality service to the residents of West Prince.

COMMUNITY HEALTH SERVICES

Community Health Services is a multi-disciplinary team providing support to the residents and care-givers in West Prince. We support residents in living independently, for as long as possible in their homes. These services also support Acute and Continuing Care, through their expertise and recommendations for improved services to the residents.

Community Health Services includes: Public Health Nursing, Speech Language Pathology, Social Work, Home Care Nursing, Visiting Home Maker Services, Nutritional Services, Occupational Therapy, Adult Protection and Community In-home Support.

Public Health Nursing

Public Health Nursing provides support and leadership in the areas of health promotion, health protection, disease and injury prevention and healthy public policy. Public Health Nursing continues to do immunization and assessment reviews as well as school screens. See the attached data for numbers of events where school counseling, group talks, group health presentations in the community on Cardiac Care, Reproductive Care and Communicable diseases were given. Diabetes education and services in the region continues to be coordinated through the Public Health Office. Public Health Nursing provides input into a number of committees including Prenatal Nutrition Advisory Board, School Youth Team, Emergency Measures Organization, Provincial Diabetes Planning Committee to name only a few. We continue to work with East Prince Health in developing an Asthma Support Program for our residents in West Prince.

Nutritional Services

Community Nutrition Services have increased their participation in both provincial and regional committees over the last year. The clinical case loads are down, as you can see by the attached statistics, but there has been an increase in the complexity of these cases i.e. patients suffering from eating disorders and more community visits/presentations. There is an increased demand for home visiting for both community and clinical clients. This clearly indicates the need for a Home Care Dietitian who will provide clinical dietary service to this segment of the population. Nutritional Services continue to be one FTE (full-time equivalent) at Community Hospital who also does community care, and a 50% position at Western Hospital who provides expertise to Maplewood Manor. The Nutritional Services continue to cover inpatients, outpatients, diabetics, prenatal discussions, breast-feeding issues and all other referrals from physicians, the public and other professionals. Bernadette Campbell, RD is off on maternity leave and has been replaced by Roberta Larsen, RD. We welcome Roberta to the team and she certainly has been an invaluable resource to our services.

Social Work

Social Work remains busy in the region with 122 new referrals for assessment this year. The services include senior assessment, long term care placements, general counseling, private in-home and community support, and adult protection. The social worker is on a number of regional committees, where she serves as a working member and yet other committees, where she serves as a resource only. The Social Worker provides support and expertise to other care-givers, physicians and the public in dealing with the senior or special needs population.

Visiting Home Makers

This past year continues to be busy with an increase in demand for personal and respite care.

Preceptorship programs continue to be provided to Nursing Assistants and Resident Care Workers. We are very fortunate to be able to recruit some of these students back to work with us following graduation. The CPR and back care refresher courses were updated throughout the year. Performance Development Plans were completed on all staff. The Home Maker staffing compliment needs to be enhanced in order to meet the needs of the residents in West Prince. As care-givers provide more support for loved ones in their own home and with the change in the acuity level and complexity of these cases in homes, the client and the care-giver require additional support and respite care.

Home Care Nursing

Home Care Nursing provides nursing care in the home to enable residents to live in the community. We have one full-time nurse team leader, 3-60% Home Care Nurses, 2-60% Hemodialysis Nurses, 1-50% Home Care Nurse, and 1 temporary full-time Telehealth/Home Care Nurse. This area continues to grow, as clients prefer to heal and convalesce in their own homes. The service is also impacted when acute care beds are reduced. Adult health clinics are meeting the needs of those in the community and are offered out of the Cultural Center, Tignish and the St. Martha's Living Center, Alberton. A third one will be starting in the Community Health Services wing, Community Hospital, O'Leary. Home Care Nursing provides peritoneal and hemodialysis to the residents in West Prince.

Peritoneal and hemodialysis are very specialized fields and it is important that the nurses keep their skills up on an ongoing basis. As a result of this, nurses have attended workshops, both in Halifax and Charlottetown, to keep abreast of the changes within the dialysis program.

The West Prince Telehospice Project has had a successful year. The project received a National Award for Excellence in the Public Sector for Information Management. The project continues to be funded federally and the present project is ongoing for one year. During this year we have provided service to twelve palliative care clients and at present, are branching out into other types of service for the home care client including blood pressure monitoring, blood glucose monitoring, assessment of heart and lungs sounds, etc. This new application for nursing technology is certainly innovative and has much potential for the residents on P.E.I..

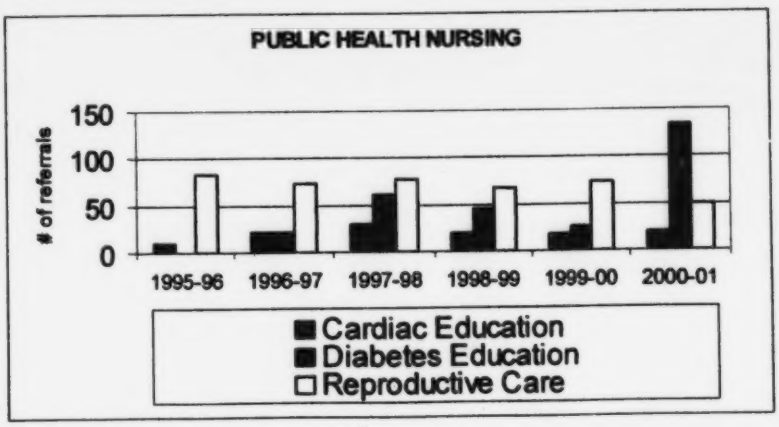
Occupational Therapy

Occupational Therapy continues to be provided by one full-time therapist. We have contracted pediatric occupational therapy services up to a maximum of 30 hours/month, commencing September 1999. Occupational Therapy has been provided to all facilities within West Prince Health, as well as to the community. There were 113 new referrals in 1999-2000 with 199 clients seen in hospital or within their own home/residences. The 64 residents of the Long Term Care facilities (Maplewood Manor and CHO-Long Term Care) were also seen for initial assessment and follow-up as required. Inservice education for staff and care-givers was offered on back care safety and other aspects of rehabilitation/safety. Other inservices were provided to the public in the Tignish Group Home, Forestry Workers, Home Care Staff and other support staff in the region. Occupational Therapy provided leadership in the erogonomic redesign of the front desk at Community Hospital and in consultation with other work-sites to provide improved work areas. The therapist is a resource to several regional committees. This service continues to be critical in restoring clients to their fullest functional capability thus enabling them to be supported independently in their place of choice, for as long as possible.

APPENDIX "A"
STATISTICS REPORT

PUBLIC HEALTH NURSING	1999-00	2000-01
IMMUNIZATIONS	2841	2886
INFANT AND PRE-SCHOOL HEALTH APPRAISALS		
- # appraisals completed	1407	1350
- # referrals made	175	237
SCHOOL HEALTH		
- # screenings	993	824
- # problems identified	47**	80
- # participants in school health teaching groups	371	502
COMMUNITY GROUP HEALTH PRESENTATIONS		
-# presentations to community groups	18	6
- # participants	288	63
REPRODUCTIVE CARE PROGRAM		
- # referrals	74	50
- # assessed	58	43
- # pre-natal classes	4	5
- # individual pre-natal counselling	42	20
CARDIAC EDUCATION		
- # referrals	18	20
DIABETES EDUCATION		
- # referrals	26	135
COMMUNICABLE DISEASE MONITORING	92	13
TOTAL NUMBER OF CLIENT ENCOUNTERS*	6108	5889

* Follow-up to STD's and Health Supervision stats not released/included.



Highlights:

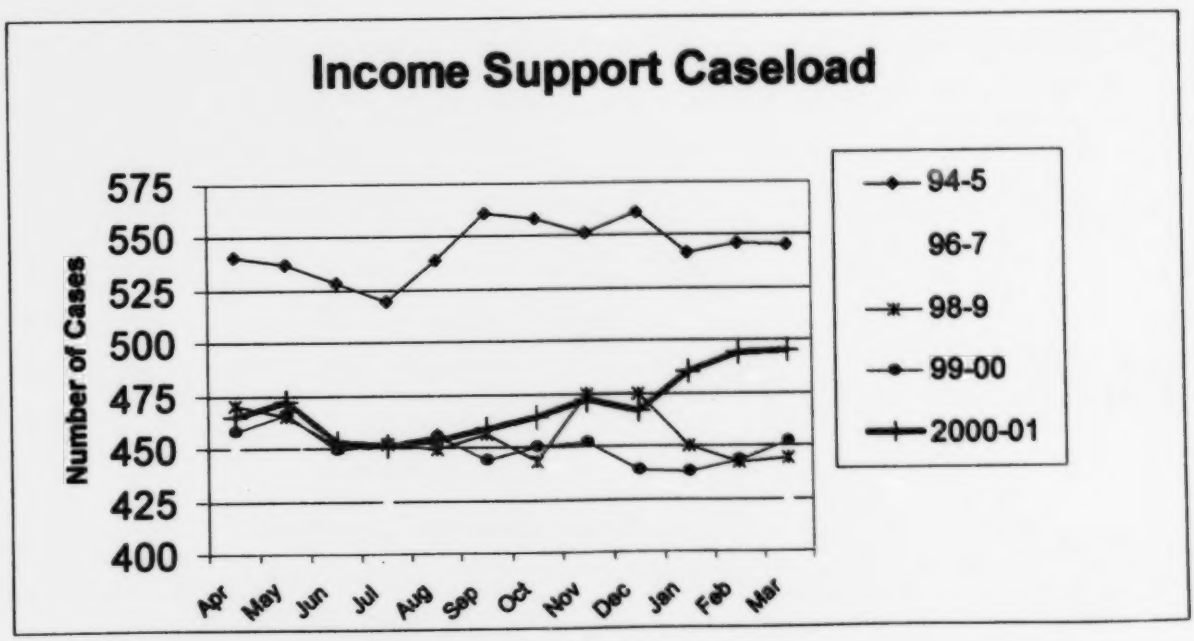
- The most significant change is the 500% increase in referrals for diabetic education as this program becomes established in the region.
- The number of community group presentations was 1/3 the previous year and the number of participants in down significantly this year with 78% fewer participants. The number of presentations is driven by requests from the public as well as staff resources.
  However, the number of presentations in schools and the number of participants in school health teaching was up by 35%.
- Referrals to the reproductive care program is down by 32%. Referrals are generally from physicians.
- Communicable disease monitoring, although significantly less than the previous year, is consistent with years previous.

CHILD AND FAMILY SERVICES	1999-00	2000-01
	TOTAL	TOTAL
Intake (new referrals)		
# New applicants for Welfare Assistance	429*	453
# Child Protection Referrals	88*	101
Average caseload per month		
Adoptive Parents	9	9
Child in Care	20	19
Child Aid Resource	19	17
Day Care	53	69
Employment Enhancement	76	48
Income Support	450	469
Foster Parents	16	17
Family Support	40	42
General Counselling	69	70
Group Work	19	12
Mental Retardation	16	19
Protection	56	54
Rehabilitation	11	19
Visiting Homemaker	9	9
Avg. Total Caseload per month	862	873

* Total for 11 months only May-March as Apr 99 data not available. Total based on estimated data for Apr. based on previous years.

Highlights:

- The average number of active cases each month increased slightly to 873.
- The average Income Support caseload was 469, up slightly from 450.
- The average Child Protection caseload in any given month is 54.
- There were 101 Child Protection Referrals. This is an increase from last year. 30% of the referrals were related to physical abuse of the child and over 20% was related to domestic violence.
- There were 62 Job Creation and 65 Employment Enhancement placements made in the year.
- 19 children were in foster care last year.
- On average, there are 42 children with physical and intellectual challenges receiving services from the Family Support program each month.
- The Family Resource and Homemaker Program provided support to an average of 26 individuals/families each month.



ADDICTION SERVICES		
	1999-2000	2000-2001
Rehabilitation Counselling		
# new clients	65	76
Avg. # office visits/mo	45	47
Rehab Program		
# groups	2	2
# participants	22	23
After Care		
# groups (weekly)	2	2
Avg. attendance	10	8
Other programs (eg Anger Management, Life skills, Addiction Education)		
# programs run	4	3
# Participants	27	26
Youth Addictions		
# assessments	48*	108
# 1on 1 sessions	119*	139
# groups (e.g SAP, KICK THE NIC)		7
# sessions		81
# participants		76
# groups/ sessions*	117*	
# people seen*	2496*	
Family Counsellor (6 months of service)		
# Referrals		112
- professional		(92)
- self/community		(20)
# education sessions		83
# participants		508
# groups		8
# participants		122
# client visits (outside of groups)		95
# individual/family counselling		23
AMBULATORY DETOX **		
# of Referrals		
- Alcohol and other drugs		186
- Smoking		101
# Clients admissions		
- Alcohol and other drugs		83
- Smoking		41

*1999-2000 Six months of service

** The Ambulatory Detox program began in Sept, 2000 and the Tobacco Dependancy program began the end of January 2001; thus these statistics represent approximately 7 months and 2 months of service respectively. The number admitted to the Tobacco Dependancy Program does not include those placed on a waiting list and provided service in the current year.

Highlights:

- There were 76 new clients referred for Rehabilitation Counselling.
- 2 Rehab groups were held during the year with a total of 23 participants
- The Youth Addictions Counsellor completed 108 individual assessments with youth.
- SAP (Student Assistance Program) and Kick the Nic groups were held with 76 youth participating during the year.
- The Family Counsellor conducted 83 education sessions with a total of 508 participants.
- Family Counsellor lead 8 groups with a total of 122 participants.
- Ambulatory Detox Program began in Sept, 2000 and in the first seven months of operation they received 186 referrals and admitted 83 to the program.
- In late January the Tobacco Reduction Program began and in just the first two months of this program they received 101 referrals. 41 were admitted to the program before the end of March 2001 with many more on the waiting list for services in the next fiscal year which begins April 1.

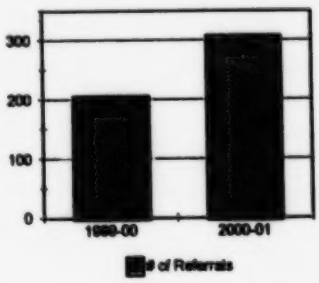
COMMUNITY HEALTH SERVICES	1999-00	2000-01
VISITING HOMEMAKER		
# clients served	186	198
average caseload	121	110
average total client visits/month	735	759
# new referrals received	67	82
# Units of Services (Direct only)	44,445	43,636
HOME CARE NURSING		
average case load	200	200 est.
# New Referrals	206	308
# Client visits	6826	7261
# Units of Services (Direct and Indirect)	26,291	31,988
Telehealth		
# clients		12
- avg. age		69
# televisists		616
- # of visits after hours		8
OCCUPATIONAL THERAPY		
# Referrals	96*	111
Avg. # clients receiving service per month	-	48
# clients served (Long Term Care)	63	63
SPEECH THERAPY		
# new referrals received	35**	68
Avg. Caseload	97	101
NUTRITIONAL SERVICES		
Community Services		
# clients served	135	160
Avg. Caseload	50	50
# Client contacts (visits/phone contacts)		
- Pre-natal	330	252
- Breastfeeding	93	105
- Other	348	305
- education sessions	17	11
# participants	156	128
Acute Care Services		
- outpatients seen	1411	1223
- in-patients seen	76	105
Total referrals	1487	1328
- total out-patients visits	1832	1480
- total in-patient visits	102	128
Total Visits	1934	1608
ADULT PROTECTION		
# referrals	18	<10
SOCIAL WORK		
Senior Assessment/Case Management		
# referrals	40	50
Avg. caseload	43	NA
Private In-Home Support		
# requests for service	33	30
LTC Placement Applications	27	25

Highlights:

- The Homemaker program received 88 new referrals for services, 15 more than last year.
- Homemaker program provided service to 198 clients during the year.
- The homemakers make an average of 759 visits per month to clients.
- The majority of the homemakers time is spent providing personal care. (See graph)
- Homecare Nursing received 308 referrals in the year, an increase of 50%, and make a total of 7,261 visits to clients.

HOMEMAKER PROGRAM

Units of Service



- 12 clients received services through TeleHealth and received a total of 616 Televisits.
- Occupational Therapy received 111 new referrals. Services to children increased with the added contracted services of a part time Paedriatric OT.

Community Health Services Highlights Cont'd

- Speech Therapy received 65 new referrals and completed 160 assessments or re-assessments as the program attempted to deal with a backlog of referrals following a vacancy in the position for several months.

- Community Nutrition Services provided services to 160 clients; the majority of contacts are for pre-natal and breastfeeding counselling.

- In addition, 1326 clients were seen on an inpatient or outpatient basis for nutritional counselling.

- The number of referrals related to Adult Protection were down from 18 last year to less than 10 this year. This fluxiation is not unusual for this program.

- There were new 25 applications for Long Term Care Placements.

HOUSING		
	1999-00	2000-01
HOUSING UNITS		
# Seniors Housing Units	58	58
- # vacancies and new placements	6	
# Family Housing Units	59	59
'(under the operation of 3 Housing Boards)		
# Other Rentals	4	4
# Lease to purchase	7	7
TOTAL HOUSING UNITS	**128**	**128**
EMERGENCY HOME REPAIR PROGRAM		
-# grants	15	16
- value	$11,239.93	$10,139.99
HELPING HANDS PROJECT (SENIORS)		
(4 STUDENTS HIRED)		
- # work sites	30	26

Highlights:

- There are 58 Seniors Housing units in West Prince

- There are 59 Family Housing Units under the operation of 3 Housing Boards.

- Emergency Home repair program provided 16 grants with a total value of $10,139.99

- 4 students were hired to work on the Helping Hands project and they assisted 26 seniors with various home maintenance chores

MENTAL HEALTH SERVICES		
	1999-2000	2000-01
Community Mental Services (provided by East Prince Health)		
# referrals received from residents of West Prince	151	117
# of new cases opened	NA	NA
# of session in West Prince clinic**	622	536
# receiving services of neuroleptic clinic	8	8
Out Patient Mental Health Services - West Prince		
# of referrals	312*	129
# of referrals admitted to service	203*	108
* Program began in Nov/99 and statistics are for a full year but span Nov/99 to Nov/00, not the fiscal year of 99-00		

Highlights:

- With the addition of the Outpatient Mental Health Service, the utilization of this service and the Community Mental Health service has been adjusting to the changing roles, expectations and service needs and the . Outpatient Mental Health referrals have become more focused and appropriate to the scope of service.

LONG TERM CARE		
	1999-2000	2000-01
LONG TERM CARE		
Occupancy:		
# beds	63	63*
Avg. occupancy	96%	92.60%
Admissions:		
# admissions	16	25
Average # of days on priority wait list prior to admission	132**	50
Average age on admission	84**	86
Wait List:		
Average # on priority wait list	10	5
RESPITE CARE*		
# respite beds	1	1 (2 Feb/Mar)*
# admissions for respite	3	8
total respite days	125	178
Occupancy of respite bed	34%	42%
* In Feb 2001 one LTC bed at Community Hospital was designated as a respite bed thus changing the total regional bed complement to 62 LTC beds and 2 respite care beds.		
** Estimates - data not available for all admissions		

Highlights:

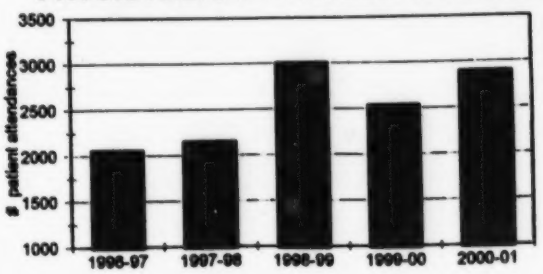
- There were 25 admissions to Long Term Care in 2000-2001 compared to 16 the year before.
- The average age of residents at admission is 86.
- The average number of people on the priority wait list is 5.
- There is now a respite bed available at Community Hospital.
- Seven different individuals received a total of 178 days of respite care.
- The level of care required by residents continues to increase.

PHYSIOTHERAPY 2000-2001									
	NEW REFERRALS SEEN			PATIENT ATTENDANCE (appointments)			WEIGHTED CARE UNITS		
	Inpatient	Outpatient	TOTAL PATIENTS	Inpatient	Outpatient	TOTAL PATIENTS	Direct Care	Indirect Care	TOTAL UNITS
WESTERN HOSPITAL	135	135	270	430	895	1325	35495	14173	49668
COMMUNITY HOSPITAL	75	236	311	272	1157	1429	39975	11892	51867
LONG TERM CARE*	0	0	0	145		145	1790	1915	3705
HOME CARE	0	6	0	0	6	6	0	0	0
TOTAL 2000-2001	**210**	**377**	**581**	**847**	**2058**	**2905**	**77260**	**27980**	**105240**
TOTAL 1999-2000	200	303	503	1105	1442	2547	53795	22180	75975
* Maplewood Manor only, Long Term Care at CHO included in CHO statistics. Services provided as needed to residents.									

Highlights:

- There were 581 new referrals seen in the year compared to 503 the year before.
- There were 2,905 patient attendances (appointments) compared to 2,547 the year before.
- 71% of the patient appointments were seen in outpatients, 24% were inpatients and 5 % were Long Term Care residents at Maplewood Manor and 0.2% were Home Care clients.

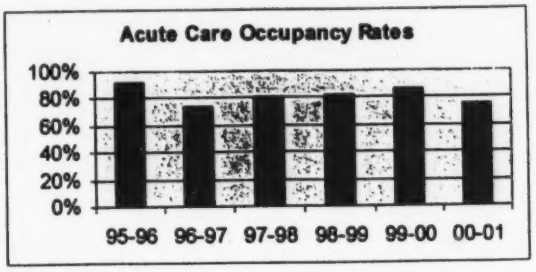
PHYSIOTHERAPY PATIENT ATTENDAN

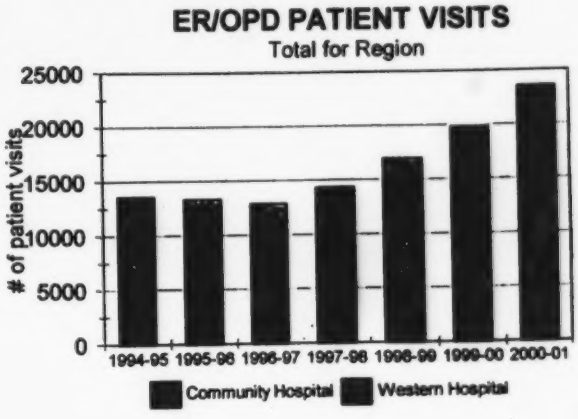


ACUTE CARE						
	1999-2000			2000-01		
	COMMUNITY HOSPITAL	WESTERN HOSPITAL	REGIONAL TOTAL	COMMUNITY HOSPITAL	WESTERN HOSPITAL	REGIONAL TOTAL
IN-PATIENTS						
# of beds in service	13	27	40	13	27	40
# admissions	522	1073	1595	558	1005	1563
# patient days	4197	8421	12618	4088	6752	10840
Avg. length of stay	8.4	7.4	7.7	8.3	7.5	7.8
Avg. length of stay(excluding Medically Discharged Patients)	7.7	6.6	6.7	8.3	6.7	7.2
Occupancy rate	88.30%	85.20%	86.20%	86.20%	68.60%	74.25%
EMERGENCY DEPT						
# visits	10115	9707	19822	12750	10777	23527
LABORATORY						
# Patient visits	7640	10520	18160	8347	10220	18567
# Tests completed on site	42635	44707	87342	49420	47484	96904
# Tests referred out	12191	22544	34735	15241	26115	41356
Total Workload units	256496	263966	520462	294281	272459	566740
RADIOLOGY						
X-RAY						
# Patient Visits	2952	2658	5610	2882	2553	5435
# Procedures	3540	3316	6856	3156	3149	6305
ECG						
# procedures	1421	1774	3195	1964	1865	3829
HOLTER						
Total workload units	145788	140041	285829	149135	136465	285600
SPECIALIST'S CLINICS						
# patient visits	1506	2108	3614	1605	1391	2996

Highlights:

- The total inpatient admissions decreased slightly from 1,595 to 1,563.
- Total patient days decreased by 14.1%
- The occupancy rate for the region dropped from 86.2% to 74.25%.
- The average length of stay has changed little from last year and is 7.8 days regionally.
- The number of visits to the Emergency/ Outpatients Department has increased by 18.7% over the previous year to 23,527 visits and this is a 73% over the last six years.

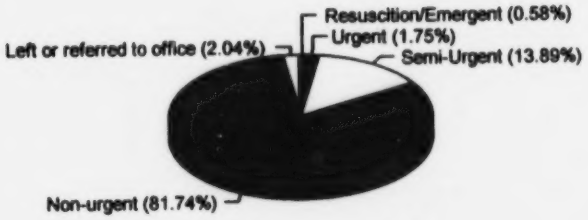




Acute Care Highlights Cont'd:

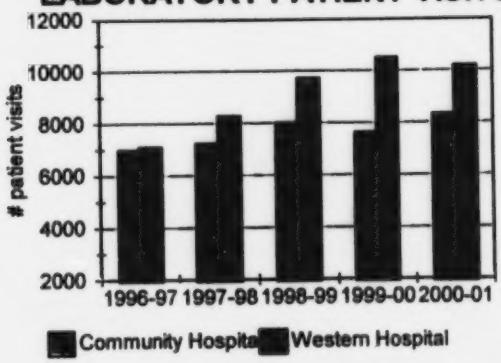
- 18,377 of these visits to the ER/OPD are for unplanned or unscheduled medical attention.
  Of these 18,377 visits:
  - 0.6% (106 patients) require emergency attention
  - 1.7% (322 patients) require attention to an urgent need
  - 13.9% (2552 patients) have semi-urgent needs
  - 81.7% (15,022) are non-urgent and do not require the services of an emergency department
  - 2% (375) left before being seen or were referred to physician's office.

Patient Visits to Emergency Department



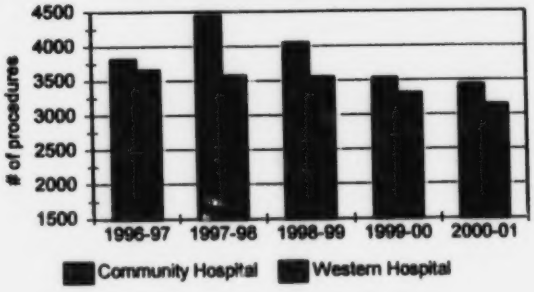
- The number of patient visits to the lab increased slightly to 18,567 visits. However, over the last five years there has been a significant increase, especially at Western Hospital. (see graph below)

LABORATORY PATIENT VISITS

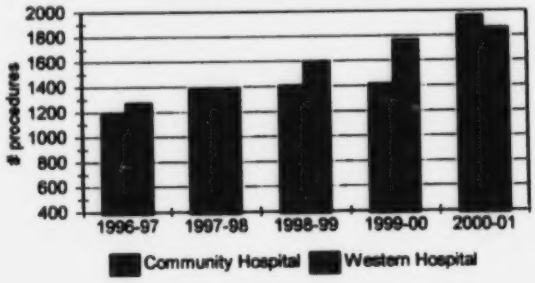


- There were 2996 patient visits to outpatient specialists clinics.
- The number of x-ray procedures has been declining while the number of ECG has been on the increase. (See graphs below)

X-RAY PROCEDURES



ECG PROCEDURES



APPENDIX "B"
FINANCIAL REPORT

Grant Thornton LLP
Chartered Accountants
Management Consultants
Canadian Member Firm of
Grant Thornton International

Grant Thornton

West Prince Health Authority
Financial Statements
March 31, 2001

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Grant Thornton LLP
Chartered Accountants
Management Consultants
Canadian Member Firm of
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Grant Thornton

Auditors' Report

To the Members of the Board of
West Prince Health Authority:

We have audited the balance sheet of West Prince Health Authority as at March 31, 2001 and the statements of revenue and expenses, cash flows, and tangible capital assets for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2001 and the results of its operations and cash flows for the year then ended in accordance with generally accepted accounting principles.

Summerside, Prince Edward Island

June 7, 2001

Grant Thornton LLP

Chartered Accountants

P.O Box 1660
220 Water Street
Summerside
Prince Edward Island
C1N 2V5
Tel: (902) 436-9155
Fax: (902) 436-6913

West Prince Health Authority
Statement of Revenue and Expenses

Year Ended March 31	2001	2000
Revenue		
Department of Health and Social Services	$ 17,404,822	$ 16,098,962
Patient / Client fees	475,702	564,905
Special projects	136,282	222,259
Donations	96,113	160,531
Other	99,851	120,404
Interest	9,302	8,678
	18,222,072	17,175,739
Expenses		
Child and Family Services	5,313,873	4,740,909
Community Hospital	3,861,974	3,675,026
Western Hospital	3,507,905	3,412,502
Maplewood Manor	2,794,651	2,762,026
Home Care and Support	1,192,529	1,070,136
Community Grants	470,996	467,609
Job Creation program	232,243	264,751
Housing Services	268,069	252,773
Public Health Nursing	259,069	239,298
Addictions	175,597	
Community Development	145,166	290,709
	18,222,072	17,175,739
Excess of revenue over expenses	$ NIL	$ NIL

See accompanying notes to the financial statements.

West Prince Health Authority
Balance Sheet

March 31	2001	2000
Assets		
Current		
Cash - unrestricted	$ 586,631	$ 52,104
Cash - restricted	23,883	37,070
Receivables (Note 3)	1,218,564	1,648,441
Receivable to fund retirement allowances	-	57,123
Prepaid expenses	103,741	73,650
	1,932,819	1,868,388
Receivable to fund retirement allowances	261,507	156,537
	$ 2,194,326	$ 2,024,925
Liabilities		
Current		
Payables and accruals (Note 4)	$ 1,920,231	$ 1,799,087
Funds held in trust	12,588	12,178
Retirement allowances	-	57,123
	1,932,819	1,868,388
Retirement allowances	261,507	156,537
	$ 2,194,326	$ 2,024,925

On behalf of the Board

Board Member

Board Member

See accompanying notes to the financial statements.

West Prince Health Authority
Statement of Cash Flows

Year Ended March 31

	2001	2000
Increase (decrease) in cash and cash equivalents		
Operating		
Cash - restricted	$ 13,187	$ (7,711)
Receivables	429,877	(390,414)
Prepaid expenses	(30,091)	5,738
Receivable to fund retirement allowances	(47,847)	(23,184)
Payables and accruals	121,144	165,212
Funds held in trust	410	(714)
Retirement allowances payable	47,847	23,184
Net increase (decrease) in cash and cash equivalents	534,527	(227,889)
Cash and cash equivalents, beginning of year	52,104	279,993
Cash and cash equivalents, end of year	$ 586,631	$ 52,104

See accompanying notes to the financial statements.

West Prince Health Authority
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Pavement	Buildings	Equipment	Vehicle	2001 Total	2000 Total
Cost of Tangible Capital Assets							
Opening cost	$ 50,917	$ 10,223	$ 20,389,006	$ 4,008,810	$ 21,510	$ 24,480,466	$ 24,071,907
Additions				135,795		135,795	408,559
Closing cost	50,917	10,223	20,389,006	4,144,605	21,510	24,616,261	24,480,466
Accumulated Depreciation							
Opening balance		10,223	3,172,131	2,277,527	10,970	5,470,851	4,765,521
Add: depreciation			509,725	196,789	3,162	709,676	705,330
Closing balance		10,223	3,681,856	2,474,316	14,132	6,180,527	5,470,851
Net Carrying Amount of Tangible Capital Assets	$ 50,917	$ NIL	$ 16,707,150	$ 1,670,289	$ 7,378	$ 18,435,734	$ 19,009,615

See accompanying notes to the financial statements.

1. Nature of operations

West Prince Health Authority, a non-profit organization , operates under the authority of the Health and Community Services Act, Part III (the "Act"). West Prince Health Authority commenced operations on April 5, 1994 when the Health and Community Services Agency (the "Agency") approved the establishment of the regional health authorities as provided under the Act. The Agency Board also approved the core services that must be available and reasonably accessible to all residents of West Prince.

The core services that are managed by West Prince Health on behalf of residents of West Prince and the Province of Prince Edward Island are:

Program / Service

Child and Family Services
Home Care and Support
Housing Services
Job Creation Program / Employment Enhancement Program
Public Health Nursing
Community Hospital
Western Hospital
Maplewood Manor
Community Development
Physician Services
Addictions
Mental Health

2. Summary of significant accounting policies

Revenue recognition

West Prince Health follows the deferral method of accounting for grants for special projects Grants restricted for special projects are recognized as revenue in the year in which the related expenses are incurred. Unrestricted amounts are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of bank overdrafts.

Financial support overpayments

Financial support overpayments are recorded as receivable when identified with a full provision as a doubtful account. Recoveries of financial support overpayments are credited to financial support expenditures when received.

2. Summary of significant accounting policies (cont'd)

Tangible capital assets

Tangible capital assets are expensed as a component of program costs in the year of acquisition. During the year, capital asset purchases of $135,795 (2000 - $408,559) were expensed. The Authority received designated funding for capital purchases in the amount of $78,159 (2000 - $192,567) during the year.

Inventory

Inventory in the amount of $ 235,923 (2000 - $238,884) has not been reflected on the Balance Sheet.

Vacation pay and retirement allowances

Vacation pay is recorded as a liability when earned. Retirement allowances are recorded as a liability when an employee meets the eligibility criteria. Retirement allowances are funded separately from the regular funding received from the Department of Health and Social Services.

Pension plans

Employees of West Prince Health belong to different pension plans according to their historical workplace. Hospital employees are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island. The hospital pension plan is a defined benefit pension plan for basic pension contributions and defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report date January 1, 2000 employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island. These pension plans are not reflected in the financial statements.

General

These financial statements do not include the assets, liabilities and activities of the O'Leary Community Health Foundation Inc. or the Western Hospital Foundation Inc. or the auxiliaries

2. Summary of significant accounting policies (cont'd)

Other

West Prince Health Authority acts as an agent for the Province of Prince Edward Island for the collection of revenue for certain regional programs. During the year revenue was collected in the following areas:

Maplewood Manor
Housing Services
Home Care and Support
Public Health Nursing

Revenues collected are not reflected in the body of the financial statements.

3. Receivables	**2001**	2000
Financial support overpayments	**$ 175,361**	$ 206,519
Patients	**82,771**	86,256
Other	**379,002**	313,670
Department of Health and Social Services	**756,791**	1,248,515
	1,393,925	1,854,960
Less: allowance for doubtful accounts	**175,361**	206,519
	$ 1,218,564	$ 1,648,441

4. Payables and accruals	**2001**	2000
Trade	**$ 717,054**	$ 639,547
Salaries and benefits	**1,106,410**	1,067,385
Deferred revenue	**96,767**	92,155
	$ 1,920,231	$ 1,799,087

5. Comparative figures

Certain comparative figures have been restated to agree to the financial statement presentation adopted in the current year.

REPORT OF THE
NOMINATING COMMITTEE
OF THE WEST PRINCE HEALTH BOARD OF DIRECTORS
NOVEMBER 27, 2001

In accordance with Section 8, subsection 6 of the Regional Authorities Regulations of the Health and Community Services Act, the following is the report of the Nominating Committee of the West Prince Health Board of Directors for the vacancy to be filled by election at this annual meeting.

Zone 1 - Ernest Hudson

This candidate has indicated his willingness to stand for the elected position, and resides in the zone in which the election will be held.

Respectfully submitted,

Richard Wightman
Harry MacAusland

WEST PRINCE REGIONAL AUTHORITY

INFORMATION TECHNOLOGY and GEOMATICS SERVICES